

FILED MAY 13 1944

Registration District No. 376

Primary Registration District No. 3258

State File No. _____

Registrar's No. 66

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT
FULL NAME

3. (b) If veteran, name war World War I
3. (c) Social Security No. 493-09-5890

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Angela (Beckling) Muegge
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased September 21 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 6 13 hr. min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.

12. Name Clemence Muegge

13. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth (Beckling) Muegge

15. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Sue Muegge

(b) Address 202 Perry, St. Charles, Mo.

17. (a) Burial (b) Date thereof April 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. St. Charles, Mo.

18. (a) Signature of funeral director A.C. Dallmeyer & Sons Co.

(b) Address 301 N. Second, St. Charles, Mo.

19. (a) 4-9-1944 (b) Emmett E. Peck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1000 South Benton Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1944 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3/25 to 4/4
that I last saw him alive on 4/1
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to diffuse arteriosclerosis
hypertension

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature Roxbury (M. D. number) 0

Address St. Charles, Mo. Date signed 4/6/44

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-12-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

John E. Dellmeyer

Licensed Embalmer No. 2957

P. O. Address *St Charles Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *may*

Registration District No. *310*

Primary Registration District No. *305-8*

Registrar's No. *66*

1. PLACE OF DEATH:

(a) County *St Charles*
(b) City or town *St Charles*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME *Robert Muegge*

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *w*

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased *Sept 21* (Month) (Day) (Year)

8. AGE: Years *53* Months *6* Days Unless than one day min.

9. Birthplace (City, town, or county) (State or foreign country) *mo.*

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* year *1984* hour minute M.

21. I hereby certify that I attended the deceased from that I met and saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death *Myocardial infarction* Duration

Due to *Myocardial infarction*

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature *Lozano MO* (M. D. or other)

Address *Prace, MO* Date signed

R. O. Hayden
W Charles, Jr.

AUG 7 1944

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